

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

			or order // control to appearate in the narrative portion of the			
Establishment Name				Telephone Number	Date of In (mm/dd/y	spection PERMIT # r)
Tonst on Market				812 771 0382	2/20	1/20 19-329
Establishm	ent Addre	ss (nu	mber and street, city, state, zip code)		2/23	120 111-321
141 E.	Make	<i>i</i> :	St. New Albany, IN 47150	502 641 7003		
Owner			•	Purpose:	Follow-u	
Amy Wepf				. Routine	NO	10 days
Owner's Ac	ddress			2. Follow-up	Summary	of Violations:
B 1.6	44			3. Complaint	<u>ر</u> هر	\ \ \ i
Person in C				4. Pre-Operational	c <u></u>	NC R
Responsible	West	F		5. Temporary	Manu Tu	/5 1 - 1 - 6
кезропзия	e reisum s	E-ma	II	6. HACCP	Menu Iy	pe (See back of page)
Certified Fo	ood Mana	ier	· · · · · · · · · · · · · · · · · · ·	7. Other (list)	١, ,	3 X _45
Kuga	بدال	5., 8.4	(1/9/24)		1	3 <u></u> 43
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
297	NL	R	Observed from and coffee bells dispusers at sever stoling with hard make build-up			Today
			with hard make building			
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Received by (name and title printed): Inspected by (name and title printed):						
	An	ΛΛΛ	West owner	A.).]	Ingran	(EH2)
Received by				Inspected by (signature):		
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cc:	UVVV	7	cc:	·	ce:	
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